

Casework Authorization and Privacy Act Release Form



U.S. REPRESENTATIVE

Seth Moulton

SERVING THE 6TH CONGRESSIONAL DISTRICT OF
MASSACHUSETTS

Please Print

NAME _____ DATE _____

HOME ADDRESS _____

CITY _____ MASSACHUSETTS ZIP _____

HOME PHONE _____ WORK PHONE _____

EMAIL ADDRESS _____ FAX _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

Are you working with any other MA Delegation member (Y) _____ (N) _____

If so, which office? _____

Please provide any other identification numbers relevant to your case, such as Veteran Case ID number, CSA number, IRS number, INS number, etc.

Please list any agencies you may have contacted regarding this issue as well as the date of contact and result of that inquiry. _____

I hereby request and authorize United States Representative Seth Moulton and/or members of his staff to make an inquiry on my behalf in addressing this matter. I further understand that I will save harmless any agencies divulging information pursuant to this release of information, as well as Representative Seth Moulton and/or any representative of his staff in these matters.

Printed Name: _____

Signature: _____ Date _____

(In order to comply with the provisions of the Privacy Act of 1974, it is necessary that your signature is on file)

PLEASE SIGN AND RETURN TO:

Office of U.S. Rep. Seth Moulton

17 Peabody Square • Peabody, MA 01960

Phone: (978)-531-1669 • Fax: (978) 717-5463

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I am filing this case for myself. ____Yes ____ No

I am filing this case for someone else. ____Yes ____ No

If for someone else, are you the Power of Attorney? ____Yes ____ No

If for someone else, are you the Representative Payee? ____Yes ____ No

Signature: _____ Date: _____

Please Print

Please describe, in detail, the problem which you would like the office of Representative Seth Moulton to address on your behalf. (Please Print)

(Example: I filed an appeal for disability benefits and have not been given a hearing date)

What federal agency or department does this issue involve?

(Example: Social Security Administration, VA, Medicare, Immigration, etc.)

Please describe what you would like Representative Seth Moulton to do on the issue(s) you have described (What is the outcome you are seeking?):

PLEASE RETURN WITHIN 30 DAYS TO:

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